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NMA Central Office
Nepal Medical Association
NMA Building, Siddhi Sadan P.O. Box 189
Exhibition Road, Kathmandu, Nepal.
Tel: +977-1-4231825 / 4225860
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Principal Contact:
Dr. Ashis Shrestha
Editor-in-Chief
Journal of Nepal Medical Association,
NMA Building, Siddhi Sadan, Exhibition Road
PO Box. 189 Kathmandu, Nepal.
Tel: +977-1-4226037, Fax: +977-1-4225300
Email: editor@jnma.com.np, Web: www.jnma.com.np

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Design and Layout
Jyoti Khatiwada
Phone: +977-9841612726
E-mail: juskhusi@gmail.com

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INTRODUCTION

In publication since 1963 A.D., the Journal of Nepal Medical Association (JNMA) is an internationally peer-reviewed, open-access, monthly, biomedical journal. It is the official journal of the Nepal Medical Association and the first and oldest medical journal from Nepal. JNMA is available in PubMed, PMC, DOAJ, OASPA, Scopus, Google Scholar, Index Copernicus, EBSCO, EMBASE, and other repositories. The JNMA abides by:

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2. World Association of Medical Editors (WAME) for best editorial practice
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It publishes research-based articles from the field of biomedical sciences, including basic sciences, clinical disciplines, public health, health care management, and ethical, and social issues on health care. Preference is given to clinically oriented applied research trials over animal studies.

Articles are published under the following categories: Original Article, Review Article, Case Report, Short Communication, Medical Education, View Point, Student JNMA. The Editorial, Guest Editorial, and Letter to the Editor are solicited by the JNMA Editorial Board.

Authors do not have to pay for the submission, processing, or publication of the articles in JNMA.

EDITORIAL PROCESS

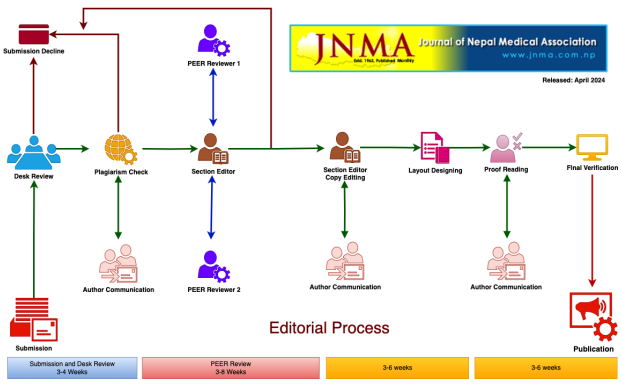
JNMA follows the principles of COPE, CSE, WAME, ICJME, DOAJ, OASPA guidelines. The submitted manuscripts in JNMA are duly acknowledged and initially reviewed for possible publication by the editors with the understanding that they are being submitted only to the JNMA, and have not been published, simultaneously submitted, or accepted for publication elsewhere.

Rejection

More than 95% of the submitted manuscript is rejected by the preliminary in-house review process, mostly due to lack of JNMA format [to avoid preliminary rejection, please go through submission guideline in detail, follow them strictly and prepare your manuscript accordingly]. On average, 40-60% of the manuscripts with insufficient originality or insignificant message, serious scientific and technical flaws are rejected after peer review. However, we do encourage the author to resubmit after the revision if the research was conducted scientifically. The preliminary rejection of the manuscript is related to; manuscript being out of scope, manuscript not formatted correctly, not following checklist and guidelines accurately, submission below publishable standards, incomplete submission (e.g. lack of ethical approval letter for research article). The rejection could also be due to lack of originality, flaws in the METHODS section, generalising and exaggerating the finding not supported by internal and external validity, peer reviewers' comment not adequately answered or unanswered, plagiarism, publication misconduct and more. While declining the submission, JNMA does not make comment on each aspect of the manuscript but give the reason for inadequate JNMA formatting, which means one or all of the above reasons.

Publication and Decision Time

Time to first communication via email overall (average) within 4 weeks (with Desk Review); 8 weeks (with the review). Those articles which have been submitted a year ago undergo auto-pruning (automatic declining). It happens due to one of the following reasons i) to iii) or due to loss of contact with the authors. The editorial process is as follows



PEER Review Process

The manuscripts are then sent to two expert peer reviewers blinded to the contributator's identity and vice versa for meticulous review, inputs and comments. The final decision on whether to accept or reject the article is taken by the Editor-in-Chief and peer reviewers. The contributors are informed about the rejection/ acceptance of the manuscript with the peer reviewer's comments. Accepted articles have to be resubmitted after making the necessary changes or clarifying questions made during the peer-review process.

The accepted articles are edited for grammatical, punctuation, print style and format errors and page proofs and are sent to the corresponding author who should return them within three days. Non-response to galley proof may result in the delay of publication or even rejection of the article.

The Chief Editor, together with the editorial board will ensure the following peer review policy:

1. Double-blind: The manuscript will be blinded when sending out for review. The author is anonymous to the reviewer and the reviewer is anonymous to the author as well.

2. One-stage review: The reviewer is involved in the initial review of the manuscript only, i.e. not involved in evaluating the revisions made by the author based on the reviewer's comments. Rather, the Chief Editor carries the manuscript forward following the initial review.

3. In rare, controversial and special circumstances; Two-stage review: Those papers that require revision as suggested by the reviewer will be sent back to that same reviewer for him/her to evaluate the manuscript once again after revised re-submission from the author.

The author has to submit their manuscript according to JNMA section policy.

- All submitted article will undergo international peer review with blinding for two peer reviewers, simultaneously. If the decision conflicts between the two, it will be sent to a third peer reviewer.

- The typical review will take minimum 4-6 weeks which includes 2 weeks for peer review and remaining weeks for peer review handling process. However, this may take a little longer due to unseen workloads.

- When the article is received from peer reviewer there will be one of the following outcomes and the decision choices include:

Accept Submission: The submission will be accepted without revisions.

Revisions Required: The submission will be accepted after minor changes have been made according to the reviewer's comment.

Resubmit for Review: The submission needs to be re-worked, but with significant changes, may be accepted. It will require a second round of review, however.

Resubmit elsewhere: When the submission does not meet the focus and scope of JNMA.

Decline Submission: The submission will not be published in the journal.

All comments received from the reviewers will be passed on to the authors within 4-6 weeks after getting back from the reviewers. Regardless of whether or not the submission is accepted for publication, it is essential that appropriate feedback is provided to the contributors.

JNMA respect the views, opinion, comments and decision of the reviewer. However, the right for acceptance and rejection of the manuscript is reserved with the Chief Editor, on the basis of maintaining the integrity of the science, following the guideline of ICJME, WAME, CSE, COPE.

The editors will be responsible for directing the manuscripts to the appropriate reviewers who have the knowledge and/or expertise in the requisite fields. Each manuscript will be accepted (sometimes on a conditional basis pending suggested changes) or declined based on the reviewers' comments, and other factors by Chief Editor's decisions. In the case of a controversial groundbreaking article that could have a far-reaching impact on the field, further reviews may be sought. The decision ultimately rests with the chief editor.

Peer Reviewers will be provided with Review Guidelines and a review form, once they agree to review the submission. JNMA will provide a certificate of each review. The certificate can be used to obtain CPD points.

INSTRUCTIONS TO AUTHORS

Manuscripts must be prepared following the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (ICMJE, January 2024). The uniform requirements and specific requirements of JNMA are summarized below. Before sending a manuscript authors are requested to check for the latest instructions available. Instructions are also available

from the website of the journal (www.jnma.com.np).

TYPES OF MANUSCRIPT AND WORD LIMITS

- **Original Article:** Randomized controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, case-control series, and surveys with high response rates. The total word excluding abstract and reference must be 2000 words and not exceeding 2500 words. The abstract should be within 250 words and introduction within 150 words. The reference must be at least 15 and not exceeding 30.
- **Review Article:** Systemic critical assessments of literature and data sources. The total word count must be at least 2000 words and not exceeding 3000 words. The abstract should be within 250 words and introduction within 150 words. The reference must be at least 30 and not exceeding 50.
- **Case Report:** New/interesting/very rare cases with clinical significance or implications can be reported. Up to 1000 words, excluding references (at least 5 and up to 10) and abstract (up to 150 words), up to three photographs. The word limit for the introduction is 100 words.
- **View Point:** These articles are personal views and allow you to express your point of view on any issues relevant to health. We encourage the exploration of controversial subjects within a word limit of 1500 words, excluding references (up to 10). The word limit for the introduction is 100 words.
- **Letter to the Editor:** This should be a short, decisive observation. They should not be preliminary observations that need a later paper for validation. Up to 400 words and five references.
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Limit for number of images and tables: for all the above-mentioned categories, the number of images and tables should not be more than one per 500 words.

ORIGINAL ARTICLE

JNMA accept researches conducted in the field of basic and clinical medical sciences, medical education, public health, hospital and healthcare management, allied health sciences and research and publication ethics. It undergoes a rigorous peer-review process. Please expect lots of communication from the JNMA.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using appropriate reporting guideline), 5. A copy of the ethical approval letter, 6. Checklist of a reporting guideline, 7. Blinded copy of manuscript

Required Guidelines and Checklist

JNMA requires the use of an appropriate reporting guideline when writing any health research manuscript. Authors must check the EQUATOR Network, CONSORT and STROBE sites for any reporting guidelines that apply to study design and ensure they include any required supporting information recommended by the relevant guidelines. Documentation (checklist) for specific studies should be uploaded as supporting information during manuscript submission.

Guidelines for Specific Study Types

Some common study types and the appropriate guidelines are listed below. If you cannot find an appropriate guideline here, search the full EQUATOR database and talk to our editor.

Use of more than one guideline, depending on the research may be required. For example, if the study is randomly assigning human participants to one of two interventions, then conducted unstructured interviews with each participant, in this case CONSORT, COREQ, and TIDIER together needs to be applied.

If you are reporting a protocol

- Use the SPIRIT guideline for the protocol of a clinical trial

- Use the PRISMA-P guideline for the protocol of a systematic review

If you are reporting a review of a section of the existing literature

- Use the ENTREQ guideline for a review of studies that use descriptive data, such as unstructured interviews (qualitative data)

- Use the MOOSE guideline for a review of observational studies

- Use the PRISMA guideline for any other kind of systematic review or meta-analysis

If you are reporting on animal research

- Use the ARRIVE guideline for research on animals in a lab

- Use the REFLECT guideline for research on livestock

If you are reporting descriptive data (either alone or alongside quantitative data)

- Use the COREQ guideline for reporting unstructured interviews and focus groups

- Use the CARE guideline for reporting one case study or a series of case studies, (SCARE for surgical case report)

- Use the SRQR guideline for any other descriptive data (qualitative research)

If you are reporting research into diagnosis

- Use the STARD guideline if you compared the accuracy of a diagnostic test with an established reference standard test

- Use the REMARK guideline if you evaluated the prognostic value of a biomarker

-Use the TRIPOD guideline if you developed, validated, or updated a prognostic or diagnostic prediction modelling tool.

If you are reporting research into an intervention or treatment on people

- Use the TIDIER guideline to fully describe your intervention

- Use the CHEERS guideline for an economic evaluation of the interventions

If you are reporting research into an intervention, treatment, exposure, or protective factor on people

- Use the CARE guideline for reporting one case study or a series of case studies, (SCARE for surgical case report)

- Use the CONSORT guideline or one of its extensions:

If you selected your participants before they received the intervention/exposure/etc. under study, AND

You controlled which intervention/exposure/etc. they each received, AND

You used a random allocation method to decide which intervention/exposure/etc. they each received. ie: a randomised controlled trial

Use the STROBE guideline or one of its extensions:

- If you selected your participants after they received the intervention/exposure/etc. under study, OR

- You selected your participants before they received the intervention/exposure/etc. under study AND you did not control which intervention/exposure/etc. they received (they decided/their doctor decided/life just happened) ie: an observational study (cross-sectional, case-control, cohort)

Use the TREND guideline:

- If you selected your participants before they received the intervention/exposure/etc. under study, AND

- If CARE , CONSORT, and STROBE are not applicable to your research AND

- You used a non-random way to decide which intervention/exposure/etc. your participants received, such as which hospital they went to or what their clinical symptoms were. ie: a non-randomised trial

Clinical Trials

JNMA follows the World Health Organizationâ™s (WHO) definition of a clinical trial:

"a clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Clinical trials may also be referred to as interventional trials. Interventions include but are not restricted to drugs, cells and other biological products, surgical procedures, radiologic procedures, devices, behavioural treatments, process-of-care changes, preventive care, etc."

Registering Clinical Trials

All clinical trials submitted to JNMA must be entered in a publicly accessible registry approved by the WHO or ICMJE. See the list of approved registries.

JNMA consider prospective trial registration (that is, registration before participant enrollment has begun) to be best publication practice, as recommended by the ICMJE. Clinical trials that began to enrol participants before ICMJE recommendations took effect on July 1, 2005. We follow ICMJE that the trial submitted to JNMA has to be registered in a public trials registry at or before the time of first patient enrollment and must contain a data sharing statement.

Manuscript Preparation

INTRODUCTION

Provide a context or background for the study, and consider the international, national, and regional context (inverted pyramid). Provide rationale by describing gaps in the evidence. State the specific purpose or research objective of, or hypothesis tested by, the study or observation; the research objective is often more sharply focused when stated as a question. Both the main and secondary objectives should be clear, and any prespecified subgroup analyses should be described. Provide only directly pertinent references, and do not include data or conclusions from the work being reported.

METHODS

The Methods section should contain the study design, duration and place of study, ethical approval, patient consent, study population (inclusion and exclusion criteria), sample size and sampling technique, statistical analysis, and software used.

This section should only include information that was available at the time the study was planned or protocol written; all information obtained during the conduct of the study belongs to the results section.

Selection and Description of Participants:

Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age and sex to the object of research is not always clear, authors should explain their use when they are included in a study report; for example, authors should explain why only subjects of certain ages were included or why women were excluded. The guiding principle should be clear about how and why a study was done in a particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

Technical information: Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including the generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement.

Note: Authors submitting review articles should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract

Ethics

When reporting studies on humans, indicate whether the procedures followed were under the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Declaration of Helsinki (DoH), as revised in 2013 (available at Declaration of Helsinki 2013 – WMA – The World Medical Association). It will soon be updated with the 2024 version. Do not use patients' names, initials, or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human and animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible, and the details of anesthetics and analgesics used should be clearly stated. Any research with an impact on the health and health sector must be in agreement with the National Ethical Guidelines for Health Research in Nepal 2022 developed by the Nepal Health Research Council (NHRC). Besides the ethical principles stated in DoH and NHRC guidelines, the ethical standards of experiments must also be under the guidelines provided by the Committee for Control and Supervision of Experiments on Animals (CPCSEA) for animal studies and the Indian Council of Medical Research (ICMR) for studies in humans. The journal will not consider any ethically unacceptable paper. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Methods' section.

The study must be conducted within the time frame of ethical approval. Changes in the principal author, title of the study, time frame of the study, and/or recruitment of additional participants must be approved by the ethical board. If there are such amendments, the approval letter of amendment must be submitted. Such a change must be mentioned in the manuscript. Change in author should be communicated by corresponding author to email address of JNMA with a copy of mail to all authors.

Any section of the manuscript that is written using artificial intelligence (AI) must be declared.

Statistics

Describe statistical methods with enough details to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). References for the design of the study and statistical methods should be to standard works when possible (with pages stated). Define statistical terms, abbreviations, and most symbols. Specify the computer software used.

RESULTS

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat all the data in the tables or illustrations in the text; emphasize or summarize only the most important observations. Extra or supplementary materials and technical details can be placed in an appendix where they will be accessible but will not interrupt the flow of the text, or they can be published solely in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Throughout the manuscript, use the format n (%) to represent data. When presenting the result in percentages, Use two decimal points. For eg: use the format x (ab.cd) instead of x (ab.c.)

Restrict tables and figures to those needed to explain the argument of the paper and to assess supporting data. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistics, such as "random" (which implies a randomizing device), "normal," "significant," "correlations," and "sample."

Where scientifically appropriate, analyses of the data by such variables as age and sex should be included. Do not use words of approximation like; “nearly half”, “most common”, “about one quarter”, “maximum”, “one-third” etc.

DISCUSSION

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail the data or other information given in the Introduction or the Results section. For experimental studies, it is useful to begin the discussion by summarizing the main findings, then explore possible mechanisms or explanations for these findings, and compare and contrast the results with other relevant studies. While comparing with other studies, consider the comparison of the following variables: study, type, population, sample size, inclusion and exclusion criteria, place of study, duration of study, intervention, and outcome. Discuss each finding of the study in the following format: statement, argument, counterargument conclusion). State the limitations of the study and explore the implications of the findings for future research and clinical practice.

CONCLUSIONS

Link the conclusions with the goals of the study, but avoid unqualified statements and conclusions not adequately supported by the data. In particular, avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses. Avoid claiming priority or alluding to work that has not been completed. State new hypotheses when warranted, but label them clearly as such.

ACKNOWLEDGMENT

Please specifically state the contributions made by the acknowledged individuals, including details on “who” contributed and “what”.

DECLARE

1. Conflict of interest
2. Authors’ contribution
3. Ethical considerations: including plagiarism, data fabrication, and double publication
4. Funding or grant

REFERENCES

References should be in Citing Medicine Style. The Citing Medicine is the current version of Vancouver style.

The references should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetical order). Identify the references by numerals in superscript, after comma or full stop and there should be no space after a comma or full stop.

While citing a reference, If more than six authors are present, list the names of only the first three, followed by "et al." (last name; initials of the first and middle names; comma, next two authors similarly; then comma, and "et al."). Journal names should be abbreviated. Always conclude the journal name with a full stop. The titles of cited references should be in sentence case, where only the first letter of the sentence is capitalized. Write the Index name of the journals. Avoid italicizing the journal name. Omit any space after the year. Page numbers such as 202-213 should be written as 202-13, omitting the common numeral.

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TABLES

Tables should be self-explanatory and should not duplicate textual material. Tables with more than 10 columns and 25 rows are not acceptable. Number tables, in the Hindu-Arabic numeral system, consecutively in the order of their first citation in the text and supply a brief title for each. Type or print each table with double spacing on a separate sheet of paper. Do not use internal horizontal or vertical lines. Give each column a short or abbreviated heading.

Authors should place explanatory matter in footnotes, not in the heading. Explain all nonstandard abbreviations in footnotes, and use the following symbols, in sequence:

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Be sure that each table is cited in the text within brackets.

If you use data from another published or unpublished source, obtain permission and acknowledge that source fully. Submit such tables for consideration with the paper so that they will be available to the peer reviewers.

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JNMA accepts electronic versions of illustrations, which should have a resolution of 300 dpi, and the dimension of 640 x 480 to 800 x 600 pixels and picture format should be JPEG (*.jpg, *.jpeg) or TIFF (*.tif, *.tiff). Letters, numbers, and symbols on figures should therefore be clear and consistent throughout and large enough to remain legible when the figure is reduced for publication. Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background.

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Type or print out legends for illustrations using double spacing, starting on a separate page, with Hindu-Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.

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Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples.

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ABBREVIATIONS AND SYMBOLS

Use only standard abbreviations; use of nonstandard abbreviations can be confusing to readers. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parentheses should be used on first mention unless the abbreviation is a standard unit of measurement.

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This section includes report of a case with literature review that includes, an unexpected association between diseases or symptoms, an unexpected event in the course of observing or treating a patient, findings that shed new light on the possible pathogenesis of a disease or an adverse effect, unique or rare feature of a disease, unique therapeutic approaches, approaches to a case report, a patient whose diagnosis was difficult to make, describe changes in one or more patients with chronic conditions over an extended time period, report on two or more patients with similar characteristics who received different interventions and had different outcomes, atypical management of patients with common problems, atypical patient presentations, apply theory to patient or client management, report on an administrative or academic experience. Please use the CARE Case Report Checklist while preparing your case report taking an account of CARE Flow Diagram.

Case report provides an opportunity for the scientist to work further therefore, we are interested in advance medical science and spawn research; describe rare, perplexing, or novel diagnostic features of a disease state; report therapeutic challenges, controversies, or dilemmas; describe a new approach to treatment and patient care, teach humanistic lessons to the health care professionals; review a unique job description of a health care professional that improves patient care; report new medical errors or medication errors; discover a device malfunction that results in patient harm; describe drug adverse effects and patient toxicity; life-threatening adverse events; dangerous and predictable adverse effects that are poorly appreciated and rarely recognized; a therapeutic failure or a lack of therapeutic efficacy; use of life-saving techniques not previously documented; uncover barriers to patient adherence; discover an interaction between a drug and a laboratory test that yields a false-positive or false-negative result; effect of drugs in pregnancy and lactation; use of technology to improve patient outcomes. It undergoes a peer-review process. Please download the Case Report Consent Form, get written consent and put the original on the patient chart and provide a copy of it during your submission.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using CARE or SCARE reporting guideline), 5. A copy case report consent form, 6. CARE Checklist.

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REVIEW ARTICLE

Review article summarises the current state of understanding on a topic and analyses or discusses research previously published by others on the subject matter, rather than reporting new experimental results and which does not fit into the category of a systematic review. They are thorough literature reviews that identify historical and current trends in the topic, gaps in the research (areas for further exploration), and current debates or controversies. It has to be about 3000 words without counting abstract (200 words)

and references (>50 and usually <100). It undergoes a rigorous peer-review process.

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MEDICAL EDUCATION

JNMA accept perspective on undergraduate, postgraduate and continuing medical education. All issues of current interest, including teaching methods, curriculum reform, the training of medical teachers, the selection of entrants and assessment techniques, curriculum development, evaluations of performance, assessment of training needs and evidence-based medicine are accepted, with word limit up to 1500 words excluding abstract of 150 words. It undergoes the peer review process.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using authors' guideline)

SHORT COMMUNICATION

These are research article which doesn't fit exactly into a research article but findings are interesting, e.g. pilot study. It undergoes the peer review process.

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LETTER TO THE EDITOR

The section includes a reaction and issue relating to JNMA, be it a comment relating a recent article, an elaboration of an important discovery, or simply a thought-provoking commentary of fewer than 1000 words without an abstract.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using authors' guideline)

VIEWPOINT

The article in this section is based on issues related to health sciences to raise the voice, awareness, new ideas, thought to provoke concepts, and personal expert opinion to improve the health.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using authors' guideline)

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If material in a submitted article has been published previously or is to appear in part or whole in another publication, the Editor-in-Chief must be informed. If the same paper appears simultaneously elsewhere or has previously been published or appears in a future publication, then the author will be black-listed for the JNMA and future articles of the author will be rejected automatically.

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- Forwarding letter
- Authorship
- Declaration
- Manuscript
- Checklist
- Blinded document
- Ethical approval letter (When Applicable)
- Consent Form (For Case Reports)

Forwarding Letter

- Signed by all contributors
- Previous publications/presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

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- Complete author information (name, designation, department, institute, address: place, district, and country)
- Author for correspondence, with e-mail and telephone numbers

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- Manuscript with 1.15 interline spacing
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- Use correct grammar, punctuation, and word synthesis
- Abbreviations spelled out in full for the first time
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- Use US English (e.g. hemoglobin NOT haemoglobin)

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- Table and figure numbers in Hindu-Arabic letters

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- Labels pasted on the back of the photographs (no names written)
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- A credit note for borrowed figures/tables provided

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If there are any queries, the journal team can be contacted at the following address:

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